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PP RUEHWEB

DE RUEHNR #1939/01 1241019  
ZNR UUUUU ZZH  
P 041019Z MAY 06  
FM AMEMBASSY NAIROBI  
TO RUEHC/SECSTATE WASHDC PRIORITY 1468  
RUCNDT/USMISSION USU NEW YORK 6940  
RUEHDS/AMEMBASSY ADDIS ABABA 8490  
RUEHBS/AMEMBASSY BRUSSELS 1672  
RUEHRO/AMEMBASSY ROME 4910  
RUEHGV/USMISSION GENEVA 3914  
RHEHNSC/NSC WASHDC

UNCLAS NAIROBI 001939

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STATE FOR AF/E, NGAREY, MGONZALES  
USAID/W FOR AA/DCHA, WGARVELINK, LROGERS  
DCHA/OFDA FOR GGOTTLIEB, PMORRIS, CGOTTSCALK,  
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NSC FOR JMELINE, TSHORTLEY

E.O. 12958: N/A  
TAGS: [EAID](#) [SO](#) [KE](#) [ET](#)  
SUBJECT: MEASLES AND POLIO INCIDENCE AND RESPONSE IN  
SOMALIA, ETHIOPIA, AND KENYA

#### Summary

¶1. Since 2005, isolated measles and polio cases surfaced in drought-affected Somalia, Ethiopia, and Kenya. Increased migration by pastoralists during the drought has raised concerns of a widespread, regional outbreak. In response, the U.N. Children's Fund (UNICEF) and World Health Organization (WHO) quickly organized massive immunization campaigns in collaboration with national health agencies.

#### Populations at Risk

¶2. Vaccine preventable diseases such as measles and polio continue to pose serious health threats in Somalia, Ethiopia, and Kenya, where these diseases tend to place a disproportionately high burden on already vulnerable communities. Poor nutrition, lack of water, and limited health services have weakened immune systems, placing millions of children at risk of contracting opportunistic diseases. Increased in-country and cross-border migration by pastoralists in search of water and pasture during the drought increased concern over the spread of the viruses.

¶3. The risk of disease outbreaks is exacerbated by low immunization coverage in the three countries. UNICEF estimates that only 10 percent of people in drought-affected regions of Somalia and 38 percent countrywide are immunized against measles and polio. Measles immunization rates are similarly low in drought-affected areas in neighboring Ethiopia (as low as 9 percent in Borena Zone) and Kenya (less than 30 percent in Wajir and Mandera districts), according to UNICEF. Children are routinely vaccinated at birth for a wide variety of viruses; however, the measles vaccination

cannot be administered until nine months of age and many parents do not return to health facilities for this later vaccination. Other factors attributing to the low coverage rates in the countries include the constant migration of pastoralists, making them difficult to locate and reach during campaigns, and the ongoing insecurity in some areas of the countries, hindering access during campaigns.

## Somalia

¶4. According to UNICEF, measles outbreaks have been reported throughout Somalia, primarily due to the low immunization coverage rates. From November 1 to December 31, 2005, 760 measles cases and 48 deaths were confirmed in Mogadishu and Baidoa towns, where immunization coverage is higher than in many rural areas (37 percent in Mogadishu compared to 9 percent in Bay Region), raising concerns that outbreaks would increase in drought-affected areas.

¶5. In March, WHO and UNICEF carried out supplemental immunization activities for measles targeting 2.5 million children in the most drought-affected regions of Bay, Gedo, Middle and Lower Shabelle. Preliminary reports estimate that 70 percent of children between 9 months and 15 years were covered in the districts reached. A second phase of the campaign is ongoing in Banadir, Galgaduud, Lower Shabelle, Hiran, and parts of Mudug and Middle Shabelle regions. Similar campaigns were conducted in Somaliland and Puntland in December 2005 and January 2006 following outbreaks in late 2005. WHO and UNICEF are preparing to conduct campaigns in 13 districts not covered in March.

¶6. Somalia was polio free from October 2002 through June 2005. According to WHO, 202 wild polio cases have been confirmed since July 2005, of which 17 were identified in 2006. Cases were initially concentrated in Mogadishu, Banadir Region where a total of 158 cases surfaced in 2005. An emergency vaccination campaign managed to stop the outbreak in Banadir, where only 4 cases have been reported in 2006; however, the virus has spread to new regions, including Lower Shabelle, Bay, Sool, Middle Shabelle, Gedo, Mudug, Lower Juba, and Bari.

¶7. In response, UNICEF and WHO organized a round of sub-National Immunization Days (NIDs) from March 26 to April 1, targeting approximately 1.4 million children under five. A second round was carried out from May 2 to 4. Additional sub-NIDs are scheduled for June 4 to 6 and July 9 to 11. Given the extent and coverage of the polio virus outbreak, the U.N. considers Somalia as one of the greatest threats to the global eradication of the virus.

## Ethiopia

¶8. In early January 2006, health officials raised concerns over the increasing number of measles cases reported in the last five months in southeastern and eastern Ethiopia. More than 370 cases of measles were reported from July to December 2005 in Afar Region, while 195 cases were reported in Somali Region between July and October. Fears emerged of outbreaks and increased mortality as severe drought conditions continued in the most critical areas of Borena Zone, Oromiya Region, and across Somali Region.

¶9. As of April 13, WHO reports that 76 percent of zones throughout the country have confirmed at least one suspected measles case. Outbreaks have been confirmed in several zones of Afar, Amhara, and Oromiya regions. However, WHO reported no confirmed outbreaks in the drought-affected areas of Somali Region or Borena Zone. [Note: An outbreak of measles is defined as three or more laboratory confirmed cases in a health

facility or district in one month. End note.]

¶10. Response activities are underway as the first phase of a measles vaccination campaign, along with Vitamin A supplementation, was launched in Somali Region and Bale and Borena zones, Oromiya Region on March 24. Bale, Borena, and Guji zones have completed follow-up campaigns, targeting children 6 to 59 months of age and coverage results are pending. In Somali Region, the first phase of the measles follow-up campaign targeting children 6 to 59 months has been completed, with results pending, while the second phase is still ongoing.

¶11. USAID/OFDA has provided 300,000 U.S. Dollars (USD) to UNICEF for the deployment of 16 mobile health teams throughout Somali Region to provide on-the-spot health and nutrition screenings and treatment, including measles vaccination and vitamin A supplementation.

¶12. Ethiopia was polio-free from January 2001 through December 2004. However, following outbreaks in Nigeria, Chad, and Sudan, the first cases of polio were reported in Tigray Region in December 2004. Since that time, 24 cases of wild polio have been confirmed in the country to date, with cases confined to Amhara, Oromiya, and Tigray regions. The importation of poliovirus into Ethiopia represents a significant

health concern as routine immunization coverage of three doses of oral polio vaccine (OPV) is only an estimated 66 percent countrywide.

¶13. Following the confirmed importation of polio in December 2004, Ethiopia implemented NIDs in April, May, July, October, and November 2005 aiming to reach the 15 million children under 5 countrywide. In addition, two sub-NIDs in March and September 2005 targeted more than 3 million children living in polio-affected areas. Coverage data indicates the campaigns reached 96 percent of the target population during the October and the November NIDs.

¶14. Since the detection of the last two wild poliovirus cases on December 6, 2005, in East Hararghe Zone, Oromiya Region, and on February 1, 2006, in Wag Hamra Zone, Amhara Region, one sub-NID was conducted and reached 12 million children under the age of 5 years in Tigray, Amhara, Oromia Addis Ababa, Somali, Harari, and Dire Dawa regions. Due to the crisis in Somali and the southern Oromiya regions, second round polio immunization campaigns are being combined with measles and other interventions in some locations. To achieve high coverage, single intervention house-to-house polio campaigns were conducted in the zones where recent wild poliovirus surfaced.

¶15. Additional rounds of supplementary immunization activities are planned for October and November 2006. With surveillance one of the major strategies of the polio eradication initiative, WHO Surveillance Officers are integrating supportive supervision for routine immunization in active surveillance visits.

## Kenya

¶16. According to the Kenya Ministry of Health (MOH), health facilities throughout the country confirmed 1,600 measles cases and 41 fatalities since October 2005. WHO reports that the early cases surfaced in urban areas, such as Nairobi and Garissa towns, where large numbers of Somali immigrants reside. The measles virus has since appeared in 39 districts throughout the country.

¶17. In response to the increasing number of cases, the MOH and UNICEF embarked on an extensive measles immunization campaign, targeting over 500,000 children

under five. The ongoing campaign, from April 29 to May 5, is focusing on 16 high-risk districts, including Marsabit, Mandera, Wajir, Garissa, Isiolo, Tana River and Nairobi. The MOH has deployed 1,500 health workers to 450 centers in these districts. In addition to the measles vaccine, health workers will provide children with vitamin A supplements to boost immune systems. Social mobilization activities, such as advocacy meetings, house to house campaigns, and dissemination of educational materials, are being carried out by local and international organizations in conjunction with the campaign. A second phase of the campaign is scheduled for June and will cover remaining districts.

¶18. In 2006, USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) provided 350,000 U.S. dollars to UNICEF to carry out emergency nutrition and health interventions, such as immunization campaigns.

¶19. As of May 1, Kenya remains polio free. However, as a preventive measure, MOH and UNICEF are providing polio vaccinations to children under five in the

current measles immunization campaign. Previous supplemental immunization activities for polio were carried out in February and April 2005.

## Conclusions

¶20. Weakened immune systems, low immunization rates, cross-border migration, and limited access to vulnerable populations have increased the potential for large-scale disease outbreaks in Somalia, Ethiopia, and Kenya. WHO and UNICEF, in collaboration with local health officials, have quickly responded to emerging outbreaks with massive and coordinated immunization campaigns.

¶21. Constant surveillance and supplementary immunization activities are required to prevent the spread of measles and polio. USAID will continue to monitor outbreaks and vaccination campaigns in the region and will provide assistance to appropriate partners when necessary.

BELLAMY